EXHIBIT H

Aetna Life Insurance Company
Florida Disability Service Center
PO Box 14553
Lexington, KY 40512-4553

Angela A. Floyd
Short Term Disability Claim Analyst
1-888-382-3862
1-877-444-9788 (fax)

****FILE COPY ****

June 11, 2007

[redacted]

Short Term Disability Benefits

Group Control No: 619308
Employer: Mediacom Communications Corporation
Employee: [redacted]
SS/ Cert #: [redacted]

Dear [redacted]:

During a recent review of your disability claim, it has been determined that a calculation error has been made on your weekly Short Term Disability benefits. According to the provisions of your disability plan you should have been paid $428.57 per week, instead you were paid $965.18 per week.

The calculation below shows your overpayment for the period February 6, 2006 through March 19, 2006.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
February 6, 2006 - February 12, 2006	$965.18	$428.57	$536.61
February 13, 2006 - February 19, 2006	$965.18	$428.57	$536.61
February 20, 2006 - February 26, 2006	$965.18	$428.57	$536.61
February 27, 2006 - March 5, 2006	$965.18	$428.57	$536.61
March 6, 2006 - March 12, 2006	$965.18	$428.57	$536.61
March 13, 2006 - March 19, 2006	$965.18	$428.57	$536.61
GROSS OVERPAYMENT			$3219.66
less EXCESS FICA WITHHELD PERIODS			$246.31
NET OVERPAYMENT DUE			$2973.35

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

As stated above, you were overpaid *$2973.35.* Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: _____

Signature: _____ Date: _____

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

Aetna Life Insurance Company
P.O. Box 14553
Lexington, KY 40512-4553
Fax #: 1-877-444-9788

Your written request for review must be mailed or delivered to the address above within 180 days following receipt of this notice, or a longer period if specified in

your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

In any event, a copy of the specific rule, guideline or protocol relied upon in the adverse determination will be provided free of charge upon your or your authorized representative's request.

If you have any questions, please call 1-888-382-3862.

Sincerely,

Angela A. Floyd, DCA
Aetna Life Insurance Company

cc: Mediacom Communications Corporation

Aetna Life Insurance Company
Florida Disability Service Center
PO Box 14553
Lexington, KY 40512-4553

Angela A. Floyd
Short Term Disability Claim Analyst
1-888-382-3862
1-877-444-9788 (fax)

****MAINTAIN A COPY OF THIS LETTER FOR YOUR FILE****

April 24, 2007

[redacted]

Short Term Disability Benefits

Group Control No: 619308
Employer: Mediacom Communications Corporation
Employee: [redacted]

Dear [redacted]

During a recent review of your disability claim, it has been determined that a calculation error has been made on your weekly Short Term Disability benefits. According to the provisions of your disability plan you should have been paid $216.00 per week, instead you were paid $218.13 per week.

The calculation below shows your overpayment for the period April 10, 2006 through May 7, 2007.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
April 10, 2006-April 16, 2006	$218.13	$216.00	$2.13
April 17, 2006-April 23, 2006	$218.13	$216.00	$2.13
April 24, 2006-April 30, 2006	$218.13	$216.00	$2.13
May 1, 2006-May 7, 2006	$218.13	$216.00	$2.13
GROSS OVERPAYMENT			$8.52
less EXCESS FICA WITHHELD PERIODS			$0.17
NET OVERPAYMENT DUE			$8.35

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

As stated above, you were overpaid *$8.35*. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: _____

Signature: _____ Date: _____

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

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If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

In any event, a copy of the specific rule, guideline or protocol relied upon in the adverse determination will be provided free of charge upon your or your authorized representative's request.

If you have any questions, please call 1-888-382-3862.

Sincerely,

Angela A. Floyd, DCA
Aetna Life Insurance Company

cc: Mediacom Communications Corporation